

DEC. 1. 2005 3:42PM

AVENTIS US PAT DEPT

RECEIVED  
CENTRAL FAX CENTER

NO. 0150 P. 1

DEC 01 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

11

Application Number	09/871,876
Filing Date	June 01, 2001
First Named Inventor	Jean-Rene AUTHELIN et al.
Art Unit	1618
Examiner Name	OH, Simon J.
Attorney Docket Number	USFI5028 US CNT

## ENCLOSURES (Check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance Communication to TC   |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                      |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)                  |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):                          |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Terminal Disclaimer                              | 1. Response to November 15, 2005 Notice to File Corrected Application Papers Notice of Allowance Mailed. |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> Request for Refund                               | 2. Copy of the Notice  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> CD, Number of CD(s) _____                        |  |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application    | <input type="checkbox"/> Landscape Table on CD                            |  |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | Remarks   |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	AVENTIS PHARMACEUTICALS INC.		
Signature			
Printed name	Paul R. Darkes		
Date	December 01, 2005	Reg. No.	33,862

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. (USPTO FAX NO. 571-273-8300; Total No. of Pages Transmitted: 11)

Signature	<i>Robln J. Inman</i>		
Typed or printed name	Robln J. Inman	Date	December 1, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/871,876	06/01/2001	Jean-Rene Authelin	FI5028US-NP

005487  
AVENTIS PHARMACEUTICALS, INC.  
PATENTS DEPARTMENT  
ROUTE 202-206, P.O. BOX 6800  
BRIDGEWATER, NJ 08807-0800

CONFIRMATION NO. 2065

## FORMALITIES LETTER



\*OC00000006365179\*

Date Mailed: 07/31/2001

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

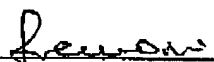
## Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 130.

---

*A copy of this notice **MUST** be returned with the reply.*

  
Customer Service Center  
Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

12/05/2005 CCHAU1 00000093 181982 09871876

01 FC:1051 130.00 DA

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of  
**Authelin, et al.**

Examiner: OH, Simon J.

**RECEIVED  
CENTRAL FAX CENTER**

Application No.: 09/871,564

Art Unit: 1618

DEC 01 2005

Filed: **June 1, 2001**

Title: **MILLING PROCESS FOR THE  
PRODUCTION OF FINELY  
MILLED MEDICINAL  
SUBSTANCES**

**TELEFAX CERTIFICATE**

I hereby certify that this correspondence is being  
transmitted via facsimile to the Commissioner for  
Patents, Alexandria, VA 22313, on

December 1, 2005  
Date of Transmission

Signature

**RESPONSE TO NOTICE TO FILE CORRECTED APPLICATION PAPERS**  
**NOTICE OF ALLOWANCE MAILED**

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

In response to the "Notice to File Corrected Application Papers Notice of Allowance Mailed" dated November 15, 2005, applicants submit herewith a copy of the January 16, 2002 response to the Notice of Missing Parts in which applicants provided declarations executed by all inventors of the application.

Applicants believe that no additional changes should be incurred; however, the Commissioner is hereby authorized to charge any additional fees which may be required by this paper, or credit any overpayment to Account No. 18-1982.

Respectfully submitted,



Paul R. Darkes, Reg. No. 33,862  
Attorney/Agent for Applicant

Aventis Pharmaceuticals Inc.  
(a member of the sanofi-aventis group)  
U.S. Patent Operations  
Route #202-206 / P.O. Box 6800  
Bridgewater, New Jersey 08807-0800  
Telephone (610) 889-8458  
Telefax (908) 231-2626

Aventis Docket No. USF15028 US CNT

**UNITED STATES PATENT AND TRADEMARK OFFICE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Serial Number  
09871876

Date Mailed  
11/15/05

**NOTICE TO FILE CORRECTED APPLICATION PAPERS*****Notice of Allowance Mailed***

This application has been accorded an Allowance Date and is being prepared for issuance. The application, however, is incomplete for the reasons below.

Applicant is given 30 days from the mail date of this Notice within which to correct the informalities indicated below. A failure to reply will result in the application being ABANDONED. This period for reply is NOT extendable under 37 CFR 1.136 (a) or (b).

- Signature for 2<sup>nd</sup> inventor is missing from the oath/declaration.

**APPLICANT MUST SUPPLY MISSING INFORMATION WITHIN 30 DAYS OF THE MAIL DATE OF THIS NOTICE.**

A copy of this notice **MUST** be returned with the reply. Please address response to Commissioner for Patents P.O. Box 1450  
Alexandria, VA 22313-1450

A handwritten signature in black ink, appearing to read "Rori Burch", is written over a horizontal line.

Rori Burch  
USPTO  
Publishing Division  
Fax (703) 746-6830  
Fax (703) 308-6642  
703-305-0333 ext.135 (V)

DOCKET NO. <b>F15028 US CNT</b>	SERIAL NO. <b>09/871,876</b>	DATE <b>1/16/02</b>
APPLICANT(S) <b>Authelin et al.</b>		ATTY <b>R.ORT</b>
TITLE OF INVENTION: <b>Milling Process for The Production Of Finely Milled Medicinal Substances</b>		

The Patent Office acknowledges and has stamped hereon the date of receipt of the items checked below:

<input type="checkbox"/> Affidavit/Declaration, 37 CFR	<input type="checkbox"/> Maintenance fee transmittal
<input type="checkbox"/> Amendment, 37 CFR	<input type="checkbox"/> Patent Application
<input type="checkbox"/> Appeal notice/Appeal Brief	_____ # of pages _____ # of pages of claims
<input type="checkbox"/> Assignment & Cover Sheet	_____ # of sheets of drawings
<input type="checkbox"/> Cert. of Exp. Mailing, Date: _____	_____ Declaration/Transmittal letter signed _____ unsigned
No. _____	<input type="checkbox"/> PCT Application, transmittal, request & Fee sheet
<input type="checkbox"/> Charge deposit account, in duplicate	<input type="checkbox"/> Petition under 37 CFR
<input type="checkbox"/> Check \$ _____ for _____	<input type="checkbox"/> Power of Attorney
<input type="checkbox"/> Demand for PCT examination	<input type="checkbox"/> Priority Claim
<input checked="" type="checkbox"/> Extension of time petition	<input type="checkbox"/> Reply, 37 CFR
<input type="checkbox"/> IDS (information disclosure statement)	<input checked="" type="checkbox"/> Other <b>Reply to Missing Parts with</b>
PTO Form 1449: _____ # of pages enc. _____	<b>Late Declaration (Request to</b>
_____ # of reference enc. _____	<b>Correct Filing Receipt</b>
<input type="checkbox"/> Issue fee transmittal and advance order	PTO Date Stamp and return

ACTION DUE	<b>Filing Receipt Recd -</b>
	<b>Corrected version</b>
DUE DATE	<b>3-16-02</b>
DKTD BY	<b>Rji 1-17-02</b>
ATTY	<b>RGO</b>